PTO/SB/01 (12-97)
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DI	ECLARA1	TION FO	R UTILITY OR	Attorney Docket Number	20191-704				
		DESIG	IN	First Named Inventor	Illah Nourbakhsh				
	PATEN	NT APPI	LICATION	COMPLETE IF KNOWN					
	(3	7 CFR	1.63)	Application Number	Not Yet Assigned				
$\boxtimes$	Declaration Submitted		Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))	Filing Date	Herewith				
	with Initial	OR		Group Art Unit	Not Yet Assigned				
	Filing	required)		Examiner Name	Not Yet Assigned				

_													
Γ	As a below named Inventor, I hereby declare that:												
	My residence, post office address, and citizenship are as stated below next to my name.												
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
dust.	METHOD AND APPARATUS FOR MULTI-CONTACT SCHEDULING												
11			(Title of the In	vention)									
	the specification of which  ⊠ is attached hereto												
1	OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International												
	Application Number [ ] a	nd was amended	on (MM/DD/YYYY)	(if applicable).									
-	I hereby state that I have	reviewed and u	inderstand the contents of	of the above ide	entified speci	fication, including	the claims, as						
Ф	amended by any amendmen	nt specifically refe	erred to above.										
E.	I acknowledge the duty to d	isclose informatio	on which is material to pate	entability as defir	ned in 37 CFF	1.56.							
1	I hereby claim foreign prior certificate, or 365(a) of an America, listed below and h or of any PCT international	y PCT internation	nal application which des ed below, by checking the g a filing date before that of	ignated at least box, any foreign of the application	one country n application on which pri	other than the for patent or invention of the other than the other forms of the other than the o	United States of ntor's certificate,						
-	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priori Not Cla		Certified Co YES	py Attached? NO						
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1			1										
1													
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T	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto:												
t	I hereby claim the benefit under 35 U.S.C. 119(h) of any United States provisional application(s) listed below.												
I	Application Numbe	r(s)	Filing Date (MM/DD	YYYY)									
1	Additional provisional application												
1		1		1		ers are listed on							
1		1		1		lemental priority of SB/028 attached							

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Applicati												ion				
	I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the part United States or PCT international application in the name provided by the first paragraphs of 3.5 U.S.C. 112 of the provided by the subject of the provided by the subject of the														t !	
	U.S. Parent Application or PCT Parent Number								Filin DD/Y	g Date YYY)	Pa	Parent Patent Number (if applicable)				
-			international appli								· · · · · · ·				_	
-	As a named invento Patent and Tradema				⊠ Cus OR	tomer I	Vumb	er 021	971					Il business in the Place Customer Number Bar Code Label Nere	9	
1					Registered practition			Lationer(a) III	annezre			Der noteu	Registration Number			
1	N	ame			Num	ber		<del> </del>	Name				+	Number	-	
10000																
100	☐ Additional regist	Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.														
1 2 70.50					ner Number Code Label 021				971 OR Corres					spondence address below		
La Contract	Name	Barba	ra B. Courtney													
	Address	Wilson	n Sonsini Goodri	ch & R	sati											
1	Address	650 P	age Mill Road													
	City	Paio A	Alto					State	State CA ZI			94304				
1	Country	U.S.		Telephone 650-493-9							Fax	650-49				
I hersty declare that all statements made herein of my own knowledge are true and that all statements made on informabelieved to be true; and further that these statements were made with the knowledge that willful false statements and the punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize application or any patent issued thereon.										and the	like so made an	е				
	Name of Sole	A petition has been filed for this unsigned inve						entor	_							
	Given Name (first and middle (if any)						Family Name or Surname									
	Illah							Nourbakhsh								
1	Inventor's Signature			1	/_					Date	Date 4/17/2001					
	Residence: City		Pittsburgh	s	tate	F	A.	Count	try	ı	JSA	Citize	nship	USA		
ĺ	Post Office Address 2529 Beechwa			ood Bl	/d.											
	Post Office Address															
	City						A.	ZIP			217	Coun		USA	_	
Ì	Additional inve	ntors ar	e being named o	on the 2	(Two)	supple	ment	tal Additiona	at Inve	ntor(s	) sheet(	s) PTO/S	B/02A at	tached hereto:		

PTO/SR/02A (3-97)

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ADDITIONAL INVENTOR(S)

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## DECLARATION Supplemental Sheet Page 1 of 2 Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Matan 4-16-01 Inventor's Signature Date Palo Alto State CA. A PIL USA Residence: City Country Citizenshin 310 Palo Alto Avenue Post Office Address Post Office Address Palo Alto State CA. ZIP 94301 City Country LISA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any) Family Name or Surname Fama 16-01 Inventor's Signature Date Mountain View CA. USA State Country Citizenship USA City Post Office Address 777 W. Middlefield Road #23 Post Office Address City Mountain View State CA. ZIP 94043 Country USA Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if anv) Family Name or Surname Scott Veach 04/19/01 Inventor's Signature Date City Los Angeles State CA. Country IISA Citizenship USA

CA. Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, Washington, DC 20231.

7IP

90034

Country

IISA

3701 Overland Avenue #232

State

Los Angeles

Post Office Address

Post Office Address

City

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## DECLARATION ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				A petition has been filed for this unsigned inventor								
Given Name		Family Name or Surname										
				Ham	ilton							
Inventor's Signature	ventor's Signature						Date 4 . 6-0					
Residence: City	sidence: City Los Gatos State			١.	Country USA		Citizensh	p	USA			
Post Office Address	17771 Hwy 17											
Post Office Address												
City	Los Gatos State			١.	ZIP	95030	Country		USA			
Name of Additional	Joint Inventor,	if any:		A petition has been filed for this unsigned inventor								
Given Name	(first and middle (i	f any)			Family Name or Surname							
	Alex			Fukunaga								
Inventor's Signature	100							Date 4/1				
]City	Rancho Palos Verdes State		CA.		Country USA		Citizenship		USA			
Post Office Address	5411 Littlebow R	oad										
Post Office Address												
City	Rancho Palos Verdes State		CA.		ZIP	90275	90275 Country		USA			
Name of Additional	Joint Inventor,	if any:		A petition has been filed for this unsigned inventor								
Given Name		Family Name or Surname										
Inventor's Signature								Date				
City State				Country			Citizenship					
Post Office Address												
Post Office Address												
City			ZIP	ZIP								

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